		2 KI 1152 KD 171	OIOK 1	EIIICL	E TRAFFIC	o ricerberri	1121 011	1 -	ASP 49 (REV
Dest # :	Un	it Assigned :	г	Premises :		Geo. Code :	1	District	
Rpt.#:		it Assigned:				Vehicles Directio			icial Use Only
Accident Date		me of Accide							iciai ese omy
Month/Day/Year	Week 7	Time AM PI	VI Venicie	s (Deg)			□ E □ W	4	
	<u> </u>]		□ NO N		<u> E W</u>		
County Acciden	t Occurred C	City Accident Oc	curred			N	SEW	C	City Limits
			No	ot in City,		Miles 🔲 Feet 🔲 [
Road/Street/I	lighway Accident (Occurred on	Section	Log M		following reference			
					County Roa	d, City Street, Brid	ge, Railroad	Crossing	g, Overpass,
If on Numbered H	ighway/County Ré	i Give Number			Underpass, C	County Line, City L	imits, Milepo	st, State	e Line.
☐ At Intersection				¬N □S □] E ┌ W of			-	Reference Pt.
7 It Intersects	Vehicle #	or Pedestrian			<u> </u>	Vehicle # o	r Pedestria	n #	
Commercial Ve					Commercial V	ehicle YES (i			ntal) NO
			uppiementar,		Drivers Name	(First, MI, Last)	i checked see s	арристи	Inj. Code
Drivers Name	(First, MI, Last)	l		mj. Code	Differs Name	(First, IVII, Last)			mg. cloud
			C - C-4 T!-	Chart Carlo	1 1			Cafety E	quip Eject Code
Address (No. + S	treet/Route/P.O. B	ox, etc.)	Salety Equip	Eject Code	Address (No. + S	Street/Route/P.O. Box	t, etc.)	naicty Et	quip ,.e.jeet cou
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City			State	Zip	City			State	Zip
1									
Date of Birth	Race Sex Age	Drivers Lic	ense Class	□ DL	Date of Birth	Race Sex Age	Drivers Li	cense Cla	ass DL
MO/DA/YR		Number	and State		MO/DA/YR		Number	and State	c CDI
i.				☐ None					☐ Nor
BAC Test	Results	(if Known)		_l	BAC Test	Results (if	Known)		
☐ Yes ☐ N		%	☐ Refus		☐ Yes ☐ I		%	$\Box R$	efused Test
Vehicle Owners						s Name (First, MI,	Last)		
Venicle Owners	. Ivanie (rust, wi	ii, Lasi j			Veniere owner	a rante (rusc, m)	Last y		
		- m O D - 4			Owners Addres	S (No. + Street/Rout	a/B/) Pay at	e)	
Owners Address	s (No. + Street/Ro	nite/P.O. Box, et-	c.)		Owners Addres	S (No. + Street/Rott	e/F.O. Box, cu	L.)	
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City			State	Zip	City			State	Zip
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Make & Type o		revele Pickup e	tc.)			of Vehicle (Motore			
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Make	Model		Body Style		Make	Model	В	ody Sty	yle
Make Vehicle Registra	Model				Make Vehicle Registr				yle
Vehicle Registra Year	Model ation State	Lic#	Body Style		Vehicle Registr Year	ation State	Lic#		
Vehicle Registra Year	Model ation State	Lic#	Body Style		Vehicle Registr Year	ation	Lic#		
Vehicle Registra Year	Model ation State	Lic#	Body Style		Vehicle Registr Year	ation State	Lic#		
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NOW HELD A.

838) A

	VEHICLE # C	R PEDESTRIAN	#		VE	HICLE #	OR PEDEST	RIAN #		
1	Towed Away By (Give Full Business or Person Name (First, MI, Last)) Driven Away By				☐ Towed Away By (Give Full Business or Person Name (First, Mi, Last					
Address (No. + Street / Route /P.O. Box, Etc.)					Address (No. + Street / Route /P.O. Box, Etc.)					
City		:	State	Zip	City			Sta	ate Zip	
									1.75	
EMS Notified ☐ A.M. ☐ P.M. Transported By EMS Arrived ☐ A.M. ☐ P.M.					EMS Notified EMS Arrived	_	M.	Trans	sported By	
Injured Transp	orted To (Hospital Na	·	ode)		Injured Transpo	orted To (Hospitz	al Name, City, St	ate, Zip Co	de)	
Name of Insura	ance Carrier (Not Age	nt) and Policy Nur	mber		Name of Insura	nce Carrier (Not	Agent) and Pol	icy Num	ber	
Damage To	1	k (House, Fence, Tree, et	tc.)	Owner	's Name (First, MI, I	Last) Address (No.	. + Street/Route, Cit	y, State)	Repair Cos	
Property Other Than Vehicles								Notifie	_ d □Yes □N	
Witnesses Nan			Ho	me Add	lress (No. + Street,	Route, City, State,	Zip)	Age	Race Sex	
1	· · · · · · · · · · · · · · · · · · ·	- ***								
2					Cl	C4-t-t- NII		C	n a Mannah an	
1	ed To (First, MI, Last N	(ame)			Charge and	Statute Number		Summo	ns Number	
2								 		
Time Notif	fied of Accident	Time Arrived at			Date (Month / Day / Year)			Photos		
	A.M. P.M.		M. □ P.I dge No.	M	D] Yes ☐ No g Off. Date Report F		
Signature :	rs Name (Rank, First,	, MI, Last) Da	age No.		Departmen	L	Reviewing)II. Dat	t Report I ne	
					T	7/3	icle#	ŀ		
Vehicle Cole	Vehic	nitial Contact	Speed	Limit	Speed Posted	l Contact				
venicle con	or route or n	initial Contact		1PH	☐ Yes ☐ No	Vehicle Color				
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Veh. #									Veh. # Point of	
Point of									Impact	
Impact										
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⊐¦ ^{Тор} ¦□							Indicate North			
] <u>[</u>							By Arrow	\bigcup_{i}	لبا دا ا_	
	·····	Investigator Descrip	otion (Refer	to Vehicle	es by Operator)					
Narrative:						•				

Arkansas Motor Vehicle Accident Report Supplement

ASP 49A (REV 9/96)

Veh. # Point of Impact Top	Top			Top 🗆
			Indicate Nor By Arrow	h O
Narrative:				
				40.00

ASP-49B (REV. 12/96) ARKANSAS SUPPLEMENTAL COMMERCIAL MOTOR VEHICLE ACCIDENT REPORT

0 "					Dorren	AND DA	CONNICI	OD ENICODNES	TION					
RPT. #:	(17)	147.7			DRIVER A	AND PA	SSENGI	ER INFORMA	HON	CDLX	Iumbar/ En	dorcem	ante & Stat	to
Name of Driver (First, MI, Last)							CDL Number/ Endorsements & State							
Years Employed By Carrier: Actual Hours Off Since Last 8 Off:								Est. Hours Driven Since Last 8 Off:						
Driver								Medical Examiners Certificate						
Driver 1										ation Date:				
2 Asleep 5 Drugs 8 Hearing							Does Not Apply							
3 Sick 6 Medical Waiver 9 Other							□ No		11.7					
Driver Qualification Training (if yes, explain)							Driver/Carrier at Fault in Crash							
□ No □ Yes:							☐ Yes ☐ No ☐ Unk.							
Fatalities Injuries						Seat Belts								
Driver Carrier Personnel Driver Carrier Personnel							Inst	alled		Use				
☐ Co-Driver ☐ Passengers ☐ Co-Driver ☐ Passengers			ngers			Driver		☐ Yes			s 🗌 No			
Other:	Other: Other:					Passen	ger	☐ Yes	□ No	<u> </u>	s □ No			
			_		VEHI	CLE IN	FORMA	TION						
Vehicle	Veh.	No.						Company	1	of Body				
Туре	Year	Axles	Ma	ke	V	IN		Number V		Flat	Tank Carr			`
Truck							_] {		
Tractor										,				100
Semi Trailer												1 ($\perp \Box$
Full Trailer												ו ב		
Bus														7
Other]		
Length (Ft.)	Leng	th (Ft.)	Length	(Ft.)	Width (In.)	Hei	ight	GVWR	Fuel T				☐ Diese	
PU:	TR		TR 2			L		<u> </u>	 	☐ Gas			□ LP	<u> </u>
Mechanical De			☐ Engine		☐ Coupling	-	□ Brake			ıformat		т	-4-1 Dusasan	
☐ Not Applica	ble		☐ Transmi		☐ Suspension		Steer	ing	5	eating C	Capacity	1	otal Passer	igers
☐ Other			☐ Drive L:	ne	☐ Fuel System				<u> </u>					
					CARRIER A	AND TR	UP INF	ORMATION	1_		-, , , 			
Name Of Carrie	r (Cor	PORATE B	USINESS NA	ME UNDER	WHOSE AUTHORI	ITY VEHIC	CLE IS OF	PERATED)	1		rrier Name	::_	Domana -	Driver
									<u> </u>	Sta	Side ☐ Sh	ipping T	Zip Cod	
	Сап	ier Addre	ess			Ci	ity		1	Sia	ie		zap Cou	
2 0 0 0					Permits	Di.	ermit Nu	mharc				<u> </u>		
Type Of Operat	ion		owoohold C	aada	US DOT	, ,	OTHER THE	miocis						
Private		_	ousehold G	oous	_									
Common Ca		_	assenger		☐ ICC/MC	—								
☐ Contract Ca		□ R			TRIP ORIGIN									
☐ Exempt Core	nmodity	/ _ 0	ther (Explai	in Below)	DESTINATIO	ON :								
							- 1	- 0:+:	I No.	C.M.	les From Or	icin Te	o Crach Lo	cation
Type Of Trip			The Road	.11	☐ Charter			☐ City ☐ Other	No	. OI WHI	ies Prom Or	igui It	o Clash Lo	cation
		Local	Pickup / De		☐ Regular				<u></u>					
	rrd · T	7.1.1	5 1 T			IVEXTE		Did This Ve		ave A	Hazardons	Materi	al Placard	9
	inis v ⊓Yes		⊃arrying ⊓ □No		Materials?				YES				at Time	
					From Diamond	or Poy	ГП				From Bott		Diamond	
If Yes From						OI DOX	ш	Yes				nown	<u> </u>	
Was Hazardous	Materia	ai Keleas	ed From tr	is venicit		ENT IN	IEODM.		<u>, </u>	740				
									Other	Non Co	ollision (E	rolain B	telow)	
Non Collision			ckknife	□∪n	its Separated		Carg	_	Onlei	Non Co	omsion (E)	фанго	elow)	
☐ Ran Off Ro		0	verturn	☐ Lo	ss/Spill Cargo		Fire		e	4 - 1 0	ne Divided		Undivided	1
Total # of Lane			of Highway	y 🔃 In	terstate 🔲 1	age Haz	erstate /	Motorial	ss		Other (Exp			
Accident Resul	ts	□ Fi		I Tananda				viaterial		ш	Outer (Exp	iaili bei	iow j	
☐ Explosion ☐ Spillage Non-Hazardous ☐ Property Damage ☐ Towed Away By (Give Full Business or Persons Name (First, MI, Last)) Address (No. + Street / Route / P.O. Box / etc.)														
1 -		Jive ruii :	Business of i	reisons ina	ile (Filst, Mi, La	51))	Audi C33	(110. 1 34001)	route?	1.0. 00	.,,			
☐ Driven Awa		City			State Z	ip	1	Name of Insur	ance Ca	rrier (1	Not Agent)	And Po	licy Numb	er
Injured Transpo	orted to	(Hospits	al Name Cit	v State 7in	n):									
EMS Notified :	2100 10		M. □ P.M.			□ A.N	М. <u>П</u> Р	.M. Transr	orted B	y :				
Trooper / Office	ers Sion		- Ц :					,						
Trooper / Office			t, MI, Last)	Rank	Badge/Code	#	D	Department		Re	viewing Of	ficer	Date Rep	ort Filed
		(1								

ASP-49C ARKANSAS SUPPLEMENTAL MOTOR VEHICLE/ANIMAL ACCIDENT REPORT

REPORT NUMBER DATE: Mo	nth/Day/Year	TIME:	□ АМ □ РМ
HIGHWAY	COUNTY	SECTION	LOG MILE
VEHICLE MAKE	VEHICLE MODEL	BODY STYLE	COLOR YEAR
VIN	VEHICLE LICEN	SE	STATE
WHERE VEHICLE DAMAGE	D	-	ESTIMATE OF DAMAGE
OWNER (First, MI, Last Name)	-	ADDRESS OF OWN	ER
	CITY	STAT	E ZIP CODE
DRIVER (First, MI, Last Name)	_	ADDRESS OF DRIV	ÆR
	CITY	STAT	E ZIP CODE
DRIVER'S LICENSE NO.	_ DL _ CDL	CLASS OF LICE	ENSE STATE
SEAT BELT IN USE YES NO			
DESCRIPTION OF ACCIDENT:			
	<u></u>		
	···		
IF APPLICABLE OWNER AND/OR DISPOSITION OF ANIM	MAL:		
ADDRESS:	(First)	(MI)	(Last Name)
(Street)	(City)	(State)	(Zip Code)
TROOPER/OFFICERS NAME (Rank, I	First, MI, Last Name)		BADGE #
DEPARTMENT	R DATE REI	PORT FILED (Mo/Day/Yr)	